

# Mississippi Forestry Commission - Monthly Vehicle Inspection Report

County: \_\_\_\_\_ Operator: \_\_\_\_\_ Date: \_\_\_\_\_  
 Make/Model: \_\_\_\_\_ Odometer At Inspection: \_\_\_\_\_ MFC#: \_\_\_\_\_

## SERVICE DATES & MILEAGE:

- A. **Oil/filter changed** (date) \_\_\_\_\_ (mileage) \_\_\_\_\_ (change every 5,000 miles)  
 B. **Greased** (date) \_\_\_\_\_ (mileage) \_\_\_\_\_ (at least monthly)  
 E. **Air filter changed** (date) \_\_\_\_\_ (mileage) \_\_\_\_\_

## ENGINE, COOLING SYSTEM AND EXHAUST SYSTEM:

- A. **Is engine performing properly?** ☐ yes ☐ no If no, explain? \_\_\_\_\_  
 B. **Any oil leaks?** ☐ yes ☐ no If yes, where? \_\_\_\_\_  
 C. **Is coolant reservoir full?** ☐ yes ☐ no  
 D. **Are engine belts in need of being replaced?** ☐ yes ☐ no  
 E. **Is engine oil at full mark?** ☐ yes ☐ no  
 F. **Is engine clean?** ☐ yes ☐ no  
 G. **Any coolant leaks?** ☐ yes ☐ no If yes, explain \_\_\_\_\_  
 H. **Do any hoses need to be replaced?** ☐ yes ☐ no If yes, which one? \_\_\_\_\_  
 I. **Extended life coolant changed?** (date) \_\_\_\_\_ (mileage) \_\_\_\_\_  
 J. **Is exhaust system performing properly?** ☐ yes ☐ no If no, explain? \_\_\_\_\_

## LIGHTS, SAFETY EQUIPMENT, INSTRUMENTATION, TRUCK CAB:

- A. **Does the horn work properly?** ☐ yes ☐ no  
 B. **Are headlights working properly?** ☐ yes ☐ no If no, explain \_\_\_\_\_  
 C. **Are strobe lights working properly** (if equipped)? ☐ yes ☐ no If no, explain \_\_\_\_\_  
 D. **Is the fire extinguishers fully charged?** ☐ yes ☐ no **Mounted properly?** ☐ yes ☐ no  
 E. **Brake light, signals and tail lights working properly?** **Brake lights** ☐ yes ☐ no **Tail lights** ☐ yes ☐ no **Signals** ☐ yes ☐ no  
 If no, explain \_\_\_\_\_  
 F. **Do brake lights work properly when 4-wheel trailer is hooked up** ☐ yes ☐ no If no, explain \_\_\_\_\_  
 G. **Rear view mirror condition?** ☐ present ☐ broken ☐ cracked ☐ missing  
 H. **Side mirror condition?** ☐ present ☐ broken ☐ cracked ☐ missing  
 I. **Is the first aid kit fully stocked** ☐ yes ☐ no? If no, what do you need to restock it? \_\_\_\_\_  
 J. **Are all of the dash gauges operating correctly?** ☐ yes ☐ no If no, which ones? \_\_\_\_\_  
 K. **Is the inspection sticker valid?** ☐ yes ☐ no **Month** \_\_\_\_\_ **Year** \_\_\_\_\_  
 L. **Is the truck clean?** **Interior** ☐ yes ☐ no **Exterior** ☐ yes ☐ no  
 M. **Windshield condition** Cracked? ☐ yes ☐ no **Does it need to be replaced?** ☐ yes ☐ no  
 N. **Wiper blades conditions** ☐ good ☐ fair ☐ needs replacing

## FUEL SYSTEM:

- A. **Any fuel leaks?** ☐ yes ☐ no If so, where? \_\_\_\_\_  
 B. **Fuel filter changed?** (mileage) \_\_\_\_\_

## TRANSMISSION:

- A. **Is the automatic transmission working properly?** ☐ yes ☐ no If no, explain \_\_\_\_\_  
 B. **Is clutch operating properly?** ☐ yes ☐ no If no, explain \_\_\_\_\_  
 C. **Is vehicle shifting properly?** ☐ yes ☐ no If no, explain \_\_\_\_\_  
 D. **Transmission fluid/filter changed?** (date) \_\_\_\_\_ (mileage) \_\_\_\_\_ (change every 60,000 miles)  
 E. **Transfer case fluid levels (4WD)** ☐ full ☐ low

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### BRAKE SYSTEM:

- A. Are the brakes operating correctly? ☐ yes ☐ no
- B. Brake fluid levels checked on weekly maintenance day? ☐ yes ☐ no

### TIRES:

- A. Record the air pressure in each tire of your vehicle. Record the pressure reading under the corresponding tire in the list below:

Spare: \_\_\_\_\_

Vehicle: Left front: \_\_\_\_\_ Left back: \_\_\_\_\_ Right front: \_\_\_\_\_ Right back: \_\_\_\_\_

- B. What is the condition of the tires? ☐ good ☐ bad Do they need replacing? ☐ yes ☐ no

If yes, which one(s)? \_\_\_\_\_

### BODY:

- A. Body damage present? ☐ yes ☐ no If yes, where? \_\_\_\_\_
- B. Has body damage been reported? ☐ yes ☐ no

### OTHER:

- A. Ready Kit Inspection? When? \_\_\_\_\_
- B. Firefighting tools present? ☐ yes ☐ no Need replacing? ☐ yes ☐ no If yes, which ones? \_\_\_\_\_

### ADDITIONAL COMMENTS:

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\_\_\_\_\_  
Signature Of Person Performing Inspection

\_\_\_\_\_  
Date Of Inspection